

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FFE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LCM	1034	4-4-01
RESPONSE FORMALITY REVIEW	M. H	625	06-14-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral)...	Canceled	A	Appeal
.....	Restricted	O	Objected

Final	Original	Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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